

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 594019

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10	1		1			
11					1	
12			1			
13			1			
14			1			
15			1			
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45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.	3		3			
TOTAL DEP.	14		14			
TOTAL CLAIMS	19		19			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						